•	Application or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 DEST-188								7	
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS	74		RAT	E	FEE		RATE	FEE	
FOR	NUMBER FILED	NUMBER EXTRA	BASIC	FEE	370.00	OR	BASIC FEE	7,00.00	
TOTAL CHARGEABLE CLAIMS	77 minus 20=	77 minus 20= • 27		X\$ 9=		OR	X\$18= 2	626	
NDEPENDENT CLAIMS	7 minus 3 = " 4"		X4:	X42=		OR	X84=	336	
MULTIPLE DEPENDENT CLAIM P	PRESENT		+14	+140=		OR	+280=	286	
* If the difference in column 1 is less than zero, enter *0* in column 2						OR	TOTAL	2388	
IIOCO CLAIMS AS AMENDED - PART II						•	OTHER SMALL		
(Column 1)		imn 2) (Column 3) HEST	SMA	LL I	ADDI-	OR I	SMALL	ADDI-	
	NUA PREVI	MBER PRESENT EXTRA	. RAT	E	TIONAL FEE		RATE	TIONAL	
REMAINING AFTER AMENDMENT Total • (94) Independent • 7	Minus ••	77 -A	XS	9=	155	OR	X\$18=	1	
Independent • 7	Minus ***	7 - 7	X42)=	 	OR	X84=	/	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=						OR	+280=		
				TAL	 /		YOYAL	2	
5/20/00 (Caluma 1)	(Cab	.mn 2) (Column 3)	ADDIT.	FEE	14	Pon	ADDIT. FEE		
CLAIMS	HIG	HEST			ADDI-	1		ADDI-	
REMAINING AFTER AMENDMENT Total • 03 Independent • 7	PREV	MBER PRESENT HOUSLY EXTRA D FOR	RA	E	TIONAL FEE		RATE	TIONAL FEE	
Total · 63	Minus ++ 7	7:-	XS	9=		OR	X\$18=		
Independent • 7	Minus eee	7 -	X4:	}=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=						OR	+280=		
				TAL		OR	YOTAL ADDIT, FEE		
(Column 1)	· (Colt	umn 2) (Column 3)	ADDIT.	TEE			POSIT, FEE		
CLAIMS	HIG	HEST			ADDI-	l		ADDI-	
Total * Independent *	PREV	MBER PRESENT MOUSLY EXTRA D FOR	RA*	ΓE	TIONAL FEE		RATE	TIONAL FEE	
Total *	Minus **		XS	8=		OR	X\$18=		
Independent •	Minus ere	•	X4:	} ≠		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=						OR	+280=		
* If the entry in column 1 is less than	the entry in column 2, wr	rite "0" in column 3.	<u> </u>	TAL		OR	TOTAL		
* If the entry in country is reasonable the "Highest Number Previously the "Highest Number Previously The "Highest Number Previously	OAM CAP IN THIS XPAID	PRIORGINAN A GORES A.				4	ADDIT. FEE olumn 1.		